

**CERTIFICATE OF TRUSTEE APPOINTMENT
BY COUNTY SUPERINTENDENT**

THIS IS TO CERTIFY, that on the _____ day of _____, 20____,
_____ was appointed to fill the
office of trustee for the _____ School District, until the next
regular school election of said district, in accordance with [20-3-309](#), MCA.

DATED this _____ day of _____, 20____

Print County Superintendent Name

County Superintendent Signature

_____ School District No. _____, _____ County, State
of Montana

File the following oath with the county superintendent within fifteen (15) days of your receipt of this Certificate of Appointment. Upon completion of taking and filing the oath of office, you will have the rights and obligations of a Trustee of the School Board pursuant to Montana law and in accordance with [20-3-324](#), MCA. You will hold this position until your successor has been qualified.

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the United States, and the Constitution of the state of Montana, and that I will discharge the duties of my office with fidelity (so help me God).

Print newly appointed Trustee's Name

Signature of newly appointed Trustee

Subscribed and sworn to before me this _____ day of _____, 20____

Print County Superintendent's Name

Signature of County Superintendent